



RESEARCHING VOCATIONAL OR JOB SKILLS TRAINING PROGRAM

State Form 48417 (8-97) / IMP 0024

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of client: | |
| Name of school / institution: | |
| Training required for career in: | |
| Length of training program: (weeks, months, years?) | |
| Certification required for employment: | |
| School representative interviewed: | |
| Title: | Telephone number: |
| Date of interview: | |
| WHAT IS INVOLVED IN THIS TRAINING PROGRAM? | |
| 1. What is the degree or certificate earned through this program? | |
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| 2. What classes are required? | |
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| 3. Describe any hands-on experience included in the training (types of work, when, how many hours, where, supervision) | |
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| | |
| WHAT IS THE EMPLOYMENT OUTLOOK FOR GRADUATES OF THE PROGRAM? | |
| 4. Within the last 3 years, what percentage of students who start this program complete this course of study? | |
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| | |
| 5. What percentage of students who complete the program become employed in jobs related to this program? (Who told you this? Give name, title and telephone number if not interviewee.) | |
| | |
| | |
| | |
| 6. Is other licensure or certification required to be hired for this occupation? If yes, explain process. | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | |
| | |
| | |

WHAT IS THE TIME COMMITMENT FOR TRAINING?

7. How many credit hours are required?

8. How many semesters, quarters or other time units (*indicate which*) are required?

9. What is the average timeframe for a student to complete this course of training?

10. How many hours will be spent in class each week?

WHAT IS THE INSTITUTION'S REPUTATION?

11. Is the school accredited?

☐ Yes ☐ No

If so, by whom?

12. How long has this program been in existence?

13. Name and telephone number of advisor / counselor:

14. If necessary, will course work transfer to another educational institution?

☐ Yes ☐ No

Which schools?

WHAT ARE THE ENTRANCE REQUIREMENTS?

15. Is a high school diploma or GED required for admission?

☐ Yes ☐ No

If no, is it required to obtain the degree or certification?

☐ Yes ☐ No

16. Is there an admission test?

☐ Yes ☐ No

If yes, what test is used?

17. When may admissions test be taken?

18. Will I be required to take any remedial, prerequisite or non-credit classes before starting the regular program?

☐ Yes ☐ No ☐ Not sure yet

If remedial, prerequisite or non-credit classes are required, what are the classes and how many hours?

Are the classes offered by the school as part of the class load?

☐ Yes ☐ No

What is the cost of the remedial classes offered by the school?

| WHAT ARE THE REQUIRED COSTS FOR THIS PROGRAM? | | | |
|-----------------------------------------------|----------|----------|---------------|
| ITEM | PER TERM | PER YEAR | TOTAL PROGRAM |
| APPLICATION FEE | | | |
| REGISTRATION FEE | | | |
| TUITION | | | |
| BOOKS | | | |
| TOOLS | | | |
| UNIFORMS | | | |
| LAB FEES | | | |
| OTHER MANDATORY FEES | | | |
| TOTAL COST | | | |

19. Is financial aid available? If yes, specify types (*Examples: grants, scholarships, loans, etc.*)

☐ Yes ☐ No

What are the deadlines to apply for the funding?

HOW DO I START THIS PROGRAM?

20. What are the registration dates?

21. When can I begin this program?

22. What else should I know before I apply for this program?

THANK YOU FOR YOUR INFORMATION AND TIME.

AFTER INTERVIEW THOUGHTS (to be completed by the client)

1. Do you know anyone who attended or graduated from this program at this institution?

2. What was this person's recommendation to you?

3. What is this person doing now?

4. What was your impression of the vocational or job skill provider? *(List both the positive and negative points and explain each.)*

5. Are you MORE or LESS interested in this program since your interview? Explain why.

6. What are your next steps?